

MSFC BIOSAFETY INSPECTION CHECKLIST

National Aeronautics and
Space Administration



NASA Technical Monitor:		Contracting Supervisor:		Principal Investigator:	
Organization Code/Employer:		Building:		Room(s):	
Laboratory Biosafety Classification: (Indicated by the auditor only)					
Date:		Time:		Auditor:	
Biological Agents: (attach additional pages if necessary)					Biosafety Level:
A. Emergency					
Is there an emergency action plan?					Yes <input type="checkbox"/> No <input type="checkbox"/>
The emergency action plan shall contain the following information:					
<ul style="list-style-type: none">• NASA manager telephone number• Listing of chemicals in laboratory• Equipment emergency power request• Biohazards information					
B. Work Practices					
Is there documentation that employees have had blood borne pathogen training?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Do personnel understand universal precautions?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Are mechanical pipettes available? (no mouth pipetting)					Yes <input type="checkbox"/> No <input type="checkbox"/>
Are proper disposal containers in the area for the following?					
General trash					Yes <input type="checkbox"/> No <input type="checkbox"/>
Broken glass					Yes <input type="checkbox"/> No <input type="checkbox"/>
Biological waste					Yes <input type="checkbox"/> No <input type="checkbox"/>
Sharps					Yes <input type="checkbox"/> No <input type="checkbox"/>
Are publicly accessible doors locked when rooms are unoccupied?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all containers, including secondary, properly labeled?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all containers closed when not in use?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Are hazardous agents transported in appropriate secondary containment?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Are cryogenic materials handled and stored properly?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Checklist continues on page 2					

C. PPE		
Is appropriate eye protection worn when potential exists for splashing or aerosolization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is appropriate protective equipment and apparel including footwear available and used properly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a clean/dirty lab coat system or policy established?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Safe Practices		
Are all food and drinks consumed and stored outside of lab areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do workers have knowledge of employee injury reporting procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are appropriate biological spill materials available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are lab personnel trained in spill procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have all new employees attended lab safety orientation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Biological Safety Practices BSL 1		
Is access to the lab restricted at the discretion of the contracting supervisor when experiments are in progress?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are work surfaces decontaminated routinely and after any spill?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are disinfecting agents used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all procedures carefully performed to minimize creation of aerosols?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is proper hand washing done after handling viable materials before leaving the lab?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are gloves worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Biological Safety Practices BSL 2		
Are written policies and procedures in effect and available for review for specific entry requirements into the work area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are lab personnel offered appropriate immunizations or tests for the agents handled or potentially present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are only needle-locking syringes or disposable syringe needle units used for injection or aspiration of infectious fluids?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is all broken glassware handled indirectly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are culture/tissues for specimens of bodily fluids handled only in leak-proof containers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are spills and accidents resulting in exposure to infectious materials reported immediately to lab supervisors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are warning signs identifying infectious agents, listing name/number of lab director or personnel, and indicating other special requirements for entry, posted on the access door to the lab area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are biological safety cabinets used whenever procedures involving infectious agents are conducted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is an autoclave available for decontaminating infectious lab waste?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does red bag waste contain appropriate items?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments or observations:		